



CITY OF MILTON

FAÇADE IMPROVEMENT PROGRAM GRANT APPLICATION

Applicant Information	
Contact Name <i>Nathan Hrobosky</i>	Contact Address <i>939 E. Storrs Lake Rd.</i>
Business Name <i>Nate's Landscaping and snow removal</i>	Project Address <i>" "</i>
Day Phone <i>608-580-0656</i>	Alt. Phone <i>608-921-8045</i>
FAX <i>608-868-1551</i>	E-Mail <i>nate.hrobosky@yahoo.com</i>
Type of Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Other: <i>S Corp</i>	Federal ID # <i>270-355-956</i>

Building Owner Information (if different than applicant)	
Owner Name <i>Nate Hrobosky</i>	Owner Address <i>1892 W. Manogue Rd.</i>
Day Phone <i>608-921-8045</i>	Alt. Phone <i>608-208-0324</i>
FAX	E-Mail <i>tonyahrobosky@yahoo.com</i>

NOTE: If grant applicant is not the owner of the building, please attach a letter, signed and dated, from the property owner expressing approval of the project application.

General Project Information	
Proposed Start Date <i>ASAP</i>	Proposed Completion Date <i>3 days after start</i>
Contractor Name, Address & Contact Info <i>S+S Painting 1198 Crestline Dr. Milton Russell Shoemaker - 608-490-0232</i>	Budget Estimates Total Project Estimate: \$ <u><i>10,000</i></u> Façade Grant Request: \$ <u><i>5,000</i></u> Private Funds: \$ _____ Private Loans: \$ _____ Other Funding: \$ _____

Project Description

Describe the overall project and scope of work (attach additional pages if necessary):

Sand down existing paint on main building- All sides, roof, and soffit and re-paint entire "old section" of building an off white color with dark green trim and soffit

How does this project meet the goals and objectives as detailed in the Façade Improvement Program Guidelines (attach additional pages if necessary):

this part of the building listed above does not look very good from the curb. This will greatly improve curb appeal and increase property values in area

Please provide the required attachments listed below:

- ☐ One (1) copy of drawings / design plans (per Sec. IV.A.1.).
- ☒ Contractor proposal (s) (per Sec. IV.A.2.).
- ☐ Historical photos of property if available.
- ☐ Electronic copy of all documents and application.

Certification: The information provided above is true and accurate to the best of my knowledge and I have read and understand the guidelines of the City of Milton Façade Improvement Program and agree to abide by its conditions. I acknowledge that the Common Council has the right to terminate this agreement under the Façade Improvement Program if I, as the applicant, am found to be in violation of any conditions set forth in the guidelines of the program.

Office Use Only	
Date Application Received:	Does applicant have outstanding delinquent taxes or municipal code violations?
Common Council Review Date:	<input type="checkbox"/> Approved w/o conditions <input type="checkbox"/> Approved w/conditions (see attached) <input type="checkbox"/> Denied (reasons below)
Authorized Grant Amount:	Reason for Denial if Applicable:
Common Council Reimbursement Approval Date:	Date Check Issued:



CITY OF MILTON
FAÇADE IMPROVEMENT PROGRAM
PROJECT CLOSE-OUT

By signing below, you verify that all work on this project had been completed to the best of your knowledge and, in your opinion, is acceptable to you and completed in accordance with the requirements of the Façade Improvement Program guidelines and consistent with the nature of this application.

Contractor Signature:	Date:
Applicant Signature: <i>Nate K. J.</i>	Date: <i>8-6-20</i>
Building Owner Signature (if applicable):	Date:
Building Inspector Signature:	Date:
Mayor Signature:	Date:

